


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90726 016 ***150.00

DOCUMENT # P98000022809
1. Entity Name
 T & A Liquidators, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 11034 42nd Rd N
 Suite, Apt. #, etc.

3. Mailing Address
 11034 42nd Rd N
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number 85-0824772 **Applied For** Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State Royal Palm Beach, Florida **City & State** Royal Palm Beach, Florida

Zip 33411 **Country** PALM BEACH **Zip** 33411 **Country** PALM BEACH

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Anthony Vingo
Street Address (P.O. Box Number is Not Acceptable)
 11034 42nd Rd N
City Royal Palm Beach **FL** **Zip Code** 33411

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended USK 18 501:25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE	P	TITLE	
NAME	Anthony Vingo	NAME	
STREET ADDRESS	11034 42nd Rd N	STREET ADDRESS	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	TAMMY VINGO	NAME	
STREET ADDRESS	11034 42nd Rd N	STREET ADDRESS	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other, like empowered.

SIGNATURE: *Anthony Vingo* **DATE:** 4/9/03 **DAYTIME PHONE #:** (561) 792-8201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)